



Community Services Department • Recreation Division  
201 S. Rengstorff Avenue • Post Office Box 7540 • Mountain View, CA 94039-7540 • 650-903-6430 • FAX 650-965-4559

## 2015-16 SCHOOL YEAR REGISTRATION FORM

*THIS FORM MUST BE RETURNED BY THURSDAY, SEPTEMBER 10, 2015 AT 5:00PM*

**School Name** \_\_\_\_\_ **School District** \_\_\_\_\_ **School Phone** \_\_\_\_\_

**School Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**School Priority** (Please see below then CIRCLE your Priority): 1 2 3 4

**Priority 1:** Schools in Mountain View

**Priority 2:** Schools in Los Altos, Los Altos Hills, Los Gatos, Monte Sereno, Saratoga, Palo Alto, Cupertino, Sunnyvale and incorporated areas within the Midpeninsula Regional Open Space District (MROSD) and Santa Clara County (County)

**Priority 3:** Schools in Gilroy, Morgan Hill, Menlo Park, Portola Valley, Atherton, Campbell, East Palo Alto, Milpitas, Redwood City, San Carlos, Santa Clara, San Jose, Woodside and incorporated areas with the MROSD and the County

**Priority 4:** All other schools

**Please list each classroom separately, include teacher contact info and number of students per class. A maximum of 70 students are accepted per trip.**

<b>Teacher First Name</b>	<b>Last Name</b>	<b>Phone</b>
_____	_____	_____
<b>Email</b>	<b>Number of Students</b> (maximum of 35 kids per class)	
_____	_____	

<b>Teacher First Name</b>	<b>Last Name</b>	<b>Phone</b>
_____	_____	_____
<b>Email</b>	<b>Number of Students</b> (maximum of 35 kids per class)	
_____	_____	

<b>Teacher First Name</b>	<b>Last Name</b>	<b>Phone</b>
_____	_____	_____
<b>Email</b>	<b>Number of Students</b> (maximum of 35 kids per class)	
_____	_____	

----- OVER -----

Please refer to this table when completing the following questions.

Class	Grade	Length in Hours
Farm and Garden	Kindergarten	2
Fleece & Milk	First	2.5
Life Sciences Hike	Second, Third, Fourth	3
Ohlone Habitat	Third	3
Ohlone Village	Fourth	3

**Grade Level:** K      1      2      3      4

**DHF Class** (select one):

*Farm and Garden*      *Fleece and Milk*      *Life Sciences Hike*  
*Ohlone Habitat*      *Ohlone Village*

**Arrival time** (select one):

*9:15 AM*                              *10:00*                              *11:30*  
*9:30*                                      *10:45*                              *11:45*  
*9:45*                                      *11:00*                              *12:00 PM*

**Based on the [Deer Hollow Farm School Year Calendar](#), choose your top 10 preferred class dates:**

1
2
3
4
5
6
7
8
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12
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14
15

### Class and Busing Scholarships

*Scholarship funds are available for schools with a minimum of one-third of the students participating in the Federal Lunch program. For more information, please see the Friends of Deer Hollow Farm web site at [www.fodhf.org](http://www.fodhf.org) or contact them at [info@fodhf.org](mailto:info@fodhf.org). They can also be contacted by mail at P.O. Box 4282, Mountain View, California, 94040.*

**By initialing above, I attest that, to the best of my knowledge, the school or class has at least one-third of its students eligible to participate in the Federal Lunch program.**